

HOME COPY

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

PCT/US 03/090008

For receiving Office use only

PCT/US 03/090008

International Application No.

 26.08.03  
 International Filing Date

26 MAR 2003

**PCT INTERNATIONAL  
APPLICATION RO/US**

Name of receiving Office and "PCT International Application"

 Applicant's or agent's file reference  
 (if desired) (12 characters maximum) A2-200PCT

<b>Box No. I TITLE OF INVENTION</b>	
ELECTRIC WIRE CONNECTING DEVICE	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
Molex Incorporated 2222 Wellington Court Lisle, Illinois 60532 United States of America	
Telephone No. 630/527-4897	
Facsimile No. 630/416-4962	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
MATSUURA, Naoya 17-18 Katsurazaka, Izumi-ku Yokohama-shi, Kanagawa 245-0007 Japan	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: Japan	State (that is, country) of residence: Japan
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
PAULIUS, Thomas D. Molex Incorporated 2222 Wellington Court Lisle, Illinois 60532 United States of America	
Telephone No. 630/527-4897	
Facsimile No. 630/416-4962	
Teleprinter No.	
Agent's registration No. with the Office 30,792	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>KOBAYASHI, Kotaro 10-7-602 Sakae-cho, 1-chome Atsugi-shi, Kanagawa 243-0017 Japan</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: Japan	State (that is, country) of residence: Japan
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input checked="" type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

## Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT .....
- ☒ EP European Patent: AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT .....
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates               | <input type="checkbox"/> GM Gambia                                    | <input type="checkbox"/> NZ New Zealand                         |
| <input type="checkbox"/> AG Antigua and Barbuda                | <input type="checkbox"/> HR Croatia                                   | <input type="checkbox"/> OM Oman                                |
| <input type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> HU Hungary                        | <input type="checkbox"/> PH Philippines                         |
| <input type="checkbox"/> AM Armenia                            | <input type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PL Poland                   |
| <input type="checkbox"/> AT Austria                            | <input type="checkbox"/> IL Israel                                    | <input type="checkbox"/> PT Portugal                            |
| <input type="checkbox"/> AU Australia                          | <input type="checkbox"/> IN India                                     | <input type="checkbox"/> RO Romania                             |
| <input type="checkbox"/> AZ Azerbaijan                         | <input type="checkbox"/> IS Iceland                                   | <input type="checkbox"/> RU Russian Federation                  |
| <input type="checkbox"/> BA Bosnia and Herzegovina             | <input type="checkbox"/> JP Japan                                     |   |
| <input type="checkbox"/> BB Barbados                           | <input type="checkbox"/> KE Kenya                                     | <input type="checkbox"/> SD Sudan                               |
| <input type="checkbox"/> BG Bulgaria                           | <input type="checkbox"/> KG Kyrgyzstan                                | <input type="checkbox"/> SE Sweden                              |
| <input type="checkbox"/> BR Brazil                             | <input type="checkbox"/> KP Democratic People's Republic of Korea     | <input type="checkbox"/> SG Singapore                           |
| <input type="checkbox"/> BY Belarus                            | <input type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SK Slovakia                 |
| <input type="checkbox"/> BZ Belize                             | <input type="checkbox"/> KZ Kazakhstan                                | <input type="checkbox"/> SL Sierra Leone                        |
| <input type="checkbox"/> CA Canada                             | <input type="checkbox"/> LC Saint Lucia                               | <input type="checkbox"/> TJ Tajikistan                          |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka                                 | <input type="checkbox"/> TM Turkmenistan                        |
| <input checked="" type="checkbox"/> CN China                   | <input type="checkbox"/> LR Liberia                                   | <input type="checkbox"/> TN Tunisia                             |
| <input type="checkbox"/> CO Colombia                           | <input type="checkbox"/> LS Lesotho                                   | <input type="checkbox"/> TR Turkey                              |
| <input type="checkbox"/> CR Costa Rica                         | <input type="checkbox"/> LT Lithuania                                 | <input type="checkbox"/> TT Trinidad and Tobago                 |
| <input type="checkbox"/> CU Cuba                               | <input type="checkbox"/> LU Luxembourg                                |   |
| <input checked="" type="checkbox"/> CZ Czech Republic          | <input type="checkbox"/> LV Latvia                                    | <input type="checkbox"/> TZ United Republic of Tanzania         |
| <input type="checkbox"/> DE Germany                            | <input type="checkbox"/> MA Morocco                                   | <input type="checkbox"/> UA Ukraine                             |
| <input type="checkbox"/> DK Denmark                            | <input type="checkbox"/> MD Republic of Moldova                       | <input type="checkbox"/> UG Uganda                              |
| <input type="checkbox"/> DM Dominica                           |   | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> DZ Algeria                            | <input type="checkbox"/> MG Madagascar                                |   |
| <input type="checkbox"/> EC Ecuador                            | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> UZ Uzbekistan                          |
| <input type="checkbox"/> EE Estonia                            | <input type="checkbox"/> MN Mongolia                                  | <input type="checkbox"/> VN Viet Nam                            |
| <input type="checkbox"/> ES Spain                              | <input type="checkbox"/> MW Malawi                                    | <input type="checkbox"/> YU Yugoslavia                          |
| <input type="checkbox"/> FI Finland                            | <input type="checkbox"/> MX Mexico                                    | <input type="checkbox"/> ZA South Africa                        |
| <input type="checkbox"/> GB United Kingdom                     | <input type="checkbox"/> MZ Mozambique                                | <input type="checkbox"/> ZM Zambia                              |
| <input type="checkbox"/> GD Grenada                            | <input type="checkbox"/> NO Norway                                    | <input type="checkbox"/> ZW Zimbabwe                            |
| <input type="checkbox"/> GE Georgia                            |   |   |
| <input type="checkbox"/> GH Ghana                              |   |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> ..... | <input type="checkbox"/> ..... | <input type="checkbox"/> ..... |
| <input type="checkbox"/> ..... | <input type="checkbox"/> ..... | <input type="checkbox"/> ..... |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: * regional Office	international application: receiving Office
item (1) (26.03.02) 26 March 2002	2002-085163	Japan		
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): ....

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**
**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) the following number of sheets in paper form:

request (including declaration sheets) : 5  
description (excluding sequence listing part) : 11  
claims : 2  
abstract : 1  
drawings : 5

Sub-total number of sheets : 24

sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below)

Total number of sheets : 24

(b) sequence listing part of description filed in computer readable form

(i) ☐ only (under Section 801(a)(i))

(ii) ☐ in addition to being filed in paper form (under Section 801(a)(ii))

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☒ fee calculation sheet : 1
2. ☐ original separate power of attorney :
3. ☒ original general power of attorney : 1
4. ☐ copy of general power of attorney; reference number, if any: :
5. ☐ statement explaining lack of signature :
6. ☐ priority document(s) identified in Box No. VI as item(s): :
7. ☐ translation of international application into (language): :
8. ☐ separate indications concerning deposited microorganism or other biological material :
9. ☐ sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other )) :
  - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :
  - (ii) ☐ (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :
  - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column :
10. ☐ other (specify): :

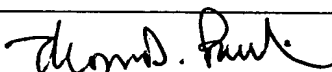
Figure of the drawings which should accompany the abstract:

Language of filing of the international application: English

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Thomas D. Paulius, Agent



(26.8.03)

For receiving Office use only

1. Date of actual receipt of the purported international application: <b>UT20 Rec'd PCT/PTO 26 MAR 2003</b>	2. Drawings: <input checked="" type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): <b>ISA/EP</b>	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

# PCT

## FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only	
PCT/RO 03/09008	
International Application No.	
126.03.03	26 MAR 2003
Date stamp of the receiving Office	

Applicant's or agent's file reference		A2-200PCT	
Applicant			
MOLEX INCORPORATED			
CALCULATION OF PRESCRIBED FEES			
1. TRANSMITTAL FEE	240.00	T	240.
2. SEARCH FEE	936.00	S	936.
International search to be carried out by <u>ISA/EP</u> (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)			
3. INTERNATIONAL FEE			
Basic Fee			
Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 24 Where item (b) of Box No. IX does not apply, enter Total number of sheets }			
b1 first 30 sheets	407.00	b1	407.
b2 _____ x _____ = _____ number of sheets in excess of 30 fee per sheet		b2	
b3 additional component (only if sequence listing part of description is filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii): 400 x _____ = _____ fee per sheet			
Add amounts entered at b1, b2 and b3 and enter total at B		407.00	B
Designation Fees			
The international application contains _____ designations.			
5	88.00		
number of designation fees payable (maximum 5)	amount of designation fee	440.00	D
Add amounts entered at B and D and enter total at I		847.00	I
(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)			
4. FEE FOR PRIORITY DOCUMENT (if applicable)			P
5. TOTAL FEES PAYABLE		2023.00	
Add amounts entered at T, S, I and P, and enter total in the TOTAL box		TOTAL	2023.
<input type="checkbox"/> The designation fees are not paid at this time.			
MODE OF PAYMENT			
<input checked="" type="checkbox"/> authorization to charge deposit account (see below) <input type="checkbox"/> postal money order <input type="checkbox"/> cash <input type="checkbox"/> coupons			
<input type="checkbox"/> cheque <input type="checkbox"/> bank draft <input type="checkbox"/> revenue stamps <input type="checkbox"/> other (specify):			
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices)			
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.			
<input checked="" type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.			
<input type="checkbox"/> Authorization to charge the fee for priority document.			
Receiving Office: RO/		US	
Deposit Account No.:		50-1873	
Date:		26 March 2003	
Name:		Thomas D. Padius	
Signature:		<i>Thomas D. Padius</i>	

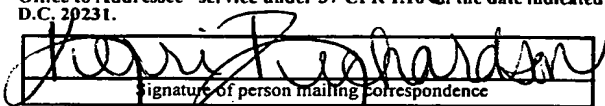
TRANSMITTAL LETTER TO THE  
UNITED STATES RECEIVING OFFICE

Date	26 March 2003
International Application No.	PCT/US 03/09008
Attorney Docket No.	A2-200PCT

**I. Certification under 37 CFR 1.10 (if applicable)**

EV 242192602 US	26 March 2003
Express Mail mailing number	Date of Deposit

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

 Kerri Richardson

Signature of person mailing correspondence

Typed or printed name of person mailing correspondence

**II. ☒ New International Application**

TITLE	ELECTRIC WIRE CONNECTING DEVICE	Earliest priority date (Day/Month/Year)
		26 March 2002

**SCREENING DISCLOSURE INFORMATION:** In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

A. ☒ The invention disclosed was **not** made in the United States.

B. ☐ There is no prior U.S. application relating to this invention.

C. ☐ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority.)

application no.		filed on	
application no.		filed on	

D. ☐ The present international application contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C. above. The additional subject matter is found on pages \_\_\_\_\_ and ☐ DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15

**III. ☐ A Response to an Invitation from the RO/US.** The following document(s) is(are) enclosed:

A. ☐ A Request for An Extension of Time to File a Response

B. ☒ A Power of Attorney (General or Regular)

C. ☐ Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

D. ☐ Submission of Priority Documents

Priority document		Priority document	
-------------------	--	-------------------	--

E. ☒ Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

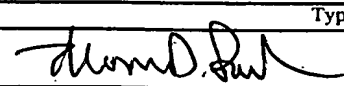
**IV. ☐ A Request for Rectification under PCT 91 ☐ A Petition ☐ A Sequence Listing Diskette**

**V. ☐ Other (please specify):**

The person signing this form is the:

<input type="checkbox"/> Applicant	Thomas D. Paulius, Agent, Reg. No.: 30,792
<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.)	30,792
<input type="checkbox"/> Common Representative	

Typed name of signer



Signature